

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				1		
4			1			
5				1		
6			1			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16				1		
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22				1		
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31				1		
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34				1		
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45						
46						
47						
48						
49				1		
50						
TOTAL IND.			6			
TOTAL DEP.		28				
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						